## DECLARATION AND POWER OF ATTORNEY--ORIGINAL APPLICATION ATTORNEY DOCKET 0408-03-406 As below named inventor, I hereby declare: My residence, post office address and citizenship are as stated below next to my name, I verily believe I am the original, first and sole inventor (if only one name is listed below at 201) or an original, first and joint inventor (if plural names are listed below at 201-203) of the subject matter which is claimed and for which a patent is sought on the invention entitled: UNDERWATER ELECTRIC GENERATOR The specification of which is attached hereto. I have reviewed and understand the contents of the above-identified specification, including the claims. I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Section 1.56(a), Title 37 of the Code of Federal Regulations; and as to applications for patents or inventor's certificate on the invention filed in any country foreign to the United States of America, prior to this application by me or my legal representative or assigns, X no such applications have been filed, or such applications have been filed as follows: DATE OF FILING APPLICATION NUMBER DATE OF ISSUE (day month year) POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith and to act on my behalf before the competent International Authorities in connection with any and all international applications filed by me. (List name and registration number) John L. James, Registration number 28,724 Send Correspondence to: Direct Telephone Calls to: (name and telephone number) John L. James John L. James P. O. Box 2025 770-792-0360 Marietta, GA 30061-2025 FAX 770-792-0360 FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME 2 Dudley Maurice COUNTRY OF CITIZENSHIP CITY STATE OR FOREIGN COUNTRY RESIDENCE & Atlanta Georgia U.S. POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS 1330 New Hope Road Atlanta Georgia 30331/USA SECOND GIVEN NAME FAMILY NAME FIRST GIVEN NAME FULL NAME OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP ٥ STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE ADDRESS 2 FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP 0 POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. Applicant(s) claim(s) small entity status. SIGNATURE OF INVENTOR 202 SIGNATURE OF INVENTOR 203 D/ DATE